

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE																									
REPORT TAKEN		<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS		<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH: 7/4/14		DAY FRI		TIME: MILITARY 1202																	
CRASH OCCURRED ON										WITHIN THE INTERSECTION OF																							
WALMART PARKING LOT - 1530 WALMART DR																																	
IF NOT IN INTERSECTION										(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)																							
MILES FEET W N E S OF										CITY CODE																							
LOG-1		LOG-2		LOC		JUR		FH9		FILT																							
A		UNIT NO.		NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON CONTACT		<input type="checkbox"/>		INSURANCE CO OR AGENT		INTER INSURANCE EXCHANGE OF THE							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)										ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																							
TAYLOR, BARBARA										32 SIENNA RIDGE MISSION VIEJO, CA 92690																							
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION																			
(714) 420-1112		03/23/51		63		F		-		CA		D8543226		-																			
OWNER (IF SAME AS DRIVER, WRITE SAME)										ADDRESS										PHONE													
MIDWEST CAR CORP.										1680 SETWAY BLVD. COLUMBUS, OH 43219										(614) 239-3250													
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR																	
2013		CHEV		YS		BEDGE		YS		OH		FGF6514		N/A		FROM TO																	
CIRCLE DAMAGE AREAS		1		2		3		4		5		6		7		8																	
9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL		<input type="checkbox"/> FUNCTIONAL		<input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8		UNIT NO.		2		NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON-CONTACT		<input type="checkbox"/>		INSURANCE CO. OR AGENT		GRANGE INSURANCE					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)										ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																							
DECK, DUSTIN										8159 MT. HOLLY RD. WAYNESVILLE, OH 45068																							
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION																			
(937) 944-1224		9/13/83		30		M		-		OH		RW337338		-																			
OWNER (IF SAME AS DRIVER, WRITE SAME)										ADDRESS										PHONE													
COMBS, SHANNEN										140 CLOVERWOOD DR. DAYTON, OH 45458										(937) 944-1224													
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR																	
2002		FORD		2S		GREY		2S		OH		FVH7722		N/A		FROM TO																	
CIRCLE DAMAGE AREAS		1		2		3		4		5		6		7		8																	
9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL		<input type="checkbox"/> FUNCTIONAL		<input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES																					
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES																					
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES																					
F		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES																					
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F	
A																																	